

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

32738

1. PLACE OF DEATH

County GentryRegistration District No. 311

Township

Primary Registration District No. 4187

City

Gentry

(No.)

St.

Ward)

2. FULL NAME George Washington Lane

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFDaisy Lane6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3 1861

7. AGE

YEARS

72

MONTHS

0

DAYS

23If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.retired9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.merchant10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Blissfield
MichiganFATHER
MOTHER13. NAME George Lane14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Blissfield
Michigan15. MAIDEN NAME Sarah Ann Elsie16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Long Island
New York17. INFORMANT
(ADDRESS)Mrs. George Lane
Gentry, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Oct 29 193319. UNDERTAKER
(ADDRESS)Clifford Brooks
Albany, Mo.

20. FILED

7/10/101933Wm C. Williamson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from

Oct 2, 1933, to Oct 26, 1933I last saw him alive on OCT 25, 1933. Death is saidto have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

Cancer of Bladder

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos F. Fay(Address) Gentry Mo

M D O

